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Evolution of Occupational Therapy Practice: Life History of Catherine Bailey

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Abstract

Purpose: This project gathered information about the history and evolution of OT practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing occupational therapy (OT) in these two states. Catherine Bailey was selected to participate; she has been practicing for approximately 40 years and has influenced OT practice in the state of Wyoming. **Method:** Data was collected through participant interview. The interview was audio recorded and transcribed. Data was then coded and collapsed into categories with corresponding themes. The researchers utilized the Kawa Model (Turpin and Iwama, 2011) and a timeline provided by Catherine to guide their research. This allowed the researchers to gain a rich understanding of the participant's life. **Findings:** Catherine feels that OT becomes a lifestyle in which education, life-long learning, and multidisciplinary client-centered practice are keys to success. OT is easily integrated into all aspects of life.

Introduction

Purpose

This life history one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing OT in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of OT practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT practice in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of OTs a view of the history and how OT practice has evolved from its inception to current practice in North Dakota and Wyoming.

This qualitative life history research project took place in Casper, Wyoming. Interviews were conducted on the Casper College campus by student researchers under the supervision of Dr. Janet Jedlicka and Dr. Gail Bass. The participant selected for this life history was Catherine Bailey. Catherine has been a practicing OT for 40 years and has influenced OT practice in the state of Wyoming.

Literature Review

The 1970s was dominated by the Watergate Scandal and the Vietnam War. President Nixon was impeached in 1974 and the Vietnam War ended in 1975 (Rosenberg, 2017). Catherine recalls working with many Vietnam veterans when working at the VA Hospital early on in her career. Catherine began practicing in 1978. That same year, the Roster of Honor was established by the American Occupational Therapy Association (AOTA). The Roster of honor recognized OT's who made a significant contribution to professional development and continuing education of AOTA members (The American Occupational Therapy Association, Inc., 2017). This set the

stage for practitioners to stay up to date and deliver best practice. Catherine considers herself to be a lifelong learner and she has enjoyed going to a variety of continuing education sessions over the past 40 years. This was not an easy feat considering the sparse opportunity for continuing education in the state of Wyoming. Catherine recalls driving long distances to attend sessions of interest to her.

In 1986, Catherine worked in the Natrona County School District #1 as an OT. That same year, the Education for the Handicapped Amendments of 1986 added two new programs for preschoolers with special needs and related services (P.L 99-457). Services were available for infants and toddlers from birth to three, and children between the ages three and five. Under these amendments, OT was considered to be a primary service (The American Occupational Therapy Association, Inc., 2017). Catherine did not indicate if she worked with children under the age of five, however this change was relevant due to her presence in the school system.

In 1991, the first doctorate in occupational science was offered in Southern California (American Occupational Therapy Association, Inc., 2017). Currently, there are 17 Doctorate of OT programs that are accredited. Catherine hopes that in transitioning from a master's to a doctorate, practitioners will become more skilled in specific areas and become highly recommended in an area of practice that interests them.

Catherine has enjoyed practicing in Wyoming, however practice difficulties occurred while living in the rural Northwest region. Catherine recalls having traveled long distances when working in a home health setting in the late 1980's. Sometimes, travel ended up being an hour on either end of therapy. Additionally, Catherine found it to be difficult for clients to come into town for therapy because of travel time, and this was especially the case in the winter months. In 1993, Kohler and Mayberry distributed a questionnaire to 306 OTs practicing in the rural

Midwest. Participants identified professional isolation, lack of continuing education, lack of supervision, and travel time to be barriers to their practice. More than 50% of the sample was dissatisfied with the availability of continuing education opportunities in the rural Midwest. Despite their frustration, participants indicated that they were still willing to travel up to 300 miles to attend continuing education sessions at their expense (Kohler & Mayberry, 1993). Like Catherine, participants also identified long travel distances and weather to be impediments to their practice.

Theory

The researchers utilized the Kawa Model to guide their research. The Kawa Model uses a metaphorical approach to understand a person's life. The model considers the person, their context, and the experiences that contribute to the person's life history (Turpin & Iwama, 2011). The metaphor begins with a river, which translates to the person's life history. The elements within the river including, rocks, walls, driftwood, and the space between these, represent elements within the person's life (Turpin & Iwama, 2011).

The river embodies the journey of life and represents the person as a whole. In some places, the river may be deep and wide, while in others it may be impeded by obstacles and the flow may become stagnant due to barriers such as rocks and driftwood (Turpin & Iwama, 2011). This represents the metaphor of life; there are times when life is abundant and free of obstacles, whereas there are times life provides challenges that interfere (Turpin & Iwama, 2011).

The river walls and floor determine the width and depth of the river. The floor and walls represent a person's context. Social and physical environments of a person influence the course of life and determine the experiences of self (Turpin and Iwama, 2011). Rocks represent life circumstances and are considered to impede the flow of life. Rocks are perceived as problematic

and disturb the river based on shape, size, and placement. Driftwood is used to illustrate personal attributes and resources. This can include, values, personality, special skills, immaterial, and material resources that can both negatively and positively affect life flow (Turpin & Iwama, 2011).

The researchers used this model to guide research in order to gain a rich understanding of the participant's life. With aspects such as the river, rocks, walls, and driftwood, the researchers were able to gain a clear understanding of the participant's life history and the circumstances that influenced the flow of life.

Description of the Participant

Catherine Bailey is an OT at heart. She is passionate about the profession and has used OT as an avenue to help people throughout her career. Catherine's curriculum vitae provided a timeline of her practice and accomplishments over the years. Catherine graduated in 1997 from Western Michigan University. Catherine has been a practicing OT since 1978 in the state of Wyoming. She went back to school to earn her master's degree and graduated from the University of North Dakota in 2011. Throughout out her career she has worked in several different settings and has impacted a wide variety of people. Her early career was spent in home health, school, and hospital settings. Eventually, she became an adjunct faculty member for the University of North Dakota and has taught on and off since 1999. She has also been an adjunct faculty member at Casper College for the COTA program. Throughout her career, she has held several supervisory positions and has presented admiral qualities while assisting clients in various settings. Each day she woke up thinking about what she could do for the client and how she could impact their life for the better

Methodology

Study Design

This qualitative research study used a life history approach which allowed the focus to be on the participants involvement in the evolution of OT practice. Life histories are a type of biography used to depict a person's life and their understanding of their experiences.

Participant Selection

The participant interviewed was assigned from a participant list compiled through a purposive sampling by the project directors. Informed consent was obtained prior to the face to face interview.

Data Collection

Data obtained for the background history of the participant was collected through a ten-minute phone interview. Most of the data was collected through a one-hour semi-structured face to face interview. The semi-structured interview was completed on the Casper College Campus, in Aley Hall. The interview was video and audio recorded. There were no gatekeeper issues; initial contact was made by the project directors.

The semi-structured interview was guided by an interview schedule prepared by project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The researchers were allowed to modify or add interview questions as needed for each specific interview. Questions were related to her work as an OT, education, values, and experiences.

Additional data was obtained by examining Catherine Bailey's curriculum vitae. This personal file provided information related to personal information, educational information, and professional background.

Trustworthiness

The researchers established trustworthiness with techniques such as, reflexive journaling, having more than one researcher coding the data, and comparing information with the curriculum vitae. The reflexive journals were used to keep track of feelings and experiences throughout the study. Additionally, they were used as a continuous internal dialogue to ensure that researchers understood the collection of data, and biases that were present. The two researchers worked together to code the data to compensate for single researcher bias. Finally, the data was compared to the curriculum vitae to ensure that the timeline was accurate.

Data Analysis**Process**

The researchers transcribed the data from the one-hour semi-structured interview with Catherine, verbatim. Researchers spent a total of eight hours transcribing the data. Once the data was transcribed, the researchers began the coding processes. Two paper copies of the transcription were printed; one copy was used to write field notes, and the other was used to cut out key findings to be used as codes later in the data analysis process. To code the data, the researchers read through the transcribed interview several times and identified key terms. Once key terms were identified, the researchers then began to code each of the key terms based on characteristics that captured Catherine's life journey. Key terms were based on contexts that influenced practice, personal accomplishments, professional resources, and barriers to practice. From there, key terms were made into codes. After analyzing the codes, the researchers produced three categories. Categories generated included: Education, Profession, and Personal Characteristics. Once codes and categories were organized and further analyzed, corresponding

themes emerged for each category. A final assertion was written based on the analysis of the categories and themes.

Codes

31 codes were generated from the data and were based on key terms related specifically to Catherine's life journey and the elements that influenced the flow of life. Codes included were centered around Catherine's personal attributes, contexts that influenced practice, professional resources, and barriers to practice. Codes excluded were based on saturation of data. The researchers did not duplicate codes that had already been established. The codes can be viewed in the visual data display located in the Appendix.

Findings

Categories

The researchers generated three categories from the codes. The categories were: Education, Profession, and Personal Attributes. These categories were selected because the researchers believed they best described the content of the interview. The categories reflected Catherine's life history and her personal experiences. The researchers wanted to capture Catherine's approach to OT and what was most important to her. Several times within the interview, Catherine emphasized how important being a life-long learner is to her, and the value she places on education. This was evident throughout the interview. Catherine also described several professional factors that influenced her practice. They were, but not limited to: including a multidisciplinary team, client-centered practice, and rural practice. Finally, Catherine continually discussed personal characteristics and how these characteristics influenced her practice, leading to the development of the personal characteristic category. The categories can be viewed in the visual data display located in the Appendix.

Themes

A total of eight themes that correspond with the categories emerged from the data. The themes can be viewed in the visual data display located in the Appendix. These themes best represent Catherine and her approach to OT practice. The researchers felt that these themes painted a picture of who Catherine was as a practitioner and what she hopes future therapists will encompass.

Education

Theme 1

Throughout Catherine's educational career there were numerous political events that impacted her both, personally and professionally. When she began practicing, the Vietnam War was ending and the Watergate Scandal was in full effect. Catherine recalls losing respect for the presidency and working with Vietnam vets in her early practice.

"So, when I worked at the VA hospital, I had a lot of Vietnam vets."

"And those men, like one of their activities for OT was to put methadone labels on the bottles because that was what they were giving heroine addicts to, you know, to siphon off of that drug. So, those kinds of things were different from today."

Theme Two

Catherine made an effort to attend continuing education. She believed that continuing education was an avenue for keeping up to date with practice and the latest findings within OT practice. Catherine continually emphasized the importance of educational experiences and values being a life-long learner. It was evident that Catherine had a passion for learning, and to

this day emphasizes the need to continue education. Catherine began her educational experience at the University of Western Michigan in pursuit of an OT degree. After graduating, she pursued many different practice areas, taught in schools as an adjunct professor, and attended several continuing education seminars. In 2009, Catherine went back to school to earn her Masters of Occupational Therapy through the University of North Dakota. The transition back to a student role was, in itself, an educational experience for Catherine. She was able to gain more compassion for the students and reflected that it was beneficial to her teaching career.

"...so, that was very good for me as an instructor because I got, I, recruited a lot more compassion. "

Theme Three

Catherine hopes that with the transition to a doctorate degree, practitioners will become more skilled in specific areas of practice. She believes that the specifics of the shift remain to be seen, however, she does see positives in shifting from a master's degree to a doctorate degree.

"I guess that positives will be that, uhm, I think that it is seen as keeping up with physical therapy practices. And so, as far as being, included and uh, how would you say ... respected in the professional community as having a doctoral degree."

"I will always be a life-long learner, and so as far as learning more and becoming more specialized in different fields, I can't see where that would ever hurt anybody."

Profession

Theme One

Catherine feels that working collaboratively with other healthcare professionals is valuable. She has worked on many multidisciplinary teams throughout her professional journey and has enjoyed collaborating with coworkers in a variety of settings.

"I think I enjoyed it. I worked with a group of people that worked so well as a team and we were so close, you know, both in therapy and outside too."

"I think that any type of interpersonal education you can get from different professionals you'll be working with all your life would be very valuable."

Theme Two

Catherine believes that to develop rapport you cannot put walls up between the therapist and the person. Activity analysis is a central part to practice in order to discover activities that patient actually wants to do.

"...when I was first in school there was a huge emphasis on activity analysis and on using different media to accomplish the goals and I liked that part of it cause it was more of a challenge."

As Catherine progressed throughout her career, she experienced several changes in OT practice. One of the major changes during her career was the introduction of computers; the use of computers became commonplace within practice settings. Catherine explained that while computers were useful, they also put up walls between the client and the therapist. She felt that when using a computer to complete evaluations or to write notes, there was a lack of human contact.

"And again we are putting up these walls between us and the person and they are always talking about that in school. Right? You know, the eye contact and making sure that we are really matching the goals of the individual."

"And touching somebody. What if they're like crying and you're writing, or like erasing or whatever you are doing on the computer, so.... I am old school, I know."

Theme Three

Catherine identified several barriers that exist within rural practice areas. She described expenses, resources, and accessibility as barriers that impact practice when working in a rural area. Catherine has enjoyed practicing in Wyoming, however practice difficulties occurred while living in the rural Northwest region.

"Actually, going out into rural areas ... It was mostly about the travel time and you know, those types of issues. Like going way out past Midwest and Edgerton. Uhm, I would do that with home health a few times, but that's an hour on either end of therapy. So, that's long, you know. And it's expensive too."

"Continuing ed is sparse. So, you always have to travel in order to go. And in my particular situation, where often times I was working part-time. Working part-time they're not gonna pay. Then I was paying my own continuing education."

Personal Characteristics*Theme One*

Catherine viewed OT as an avenue to helping others. She was extremely passionate about the profession and has an altruistic attitude towards care. Catherine would recommend OT to anyone who is interested. She admires the heart that OT professionals have,

"We have a lot of heart and we bring that to the table."

"I think with an OT degree you can do almost anything that you want."

Catherine frequently utilized her sense of humor as a modality. She enjoyed laughing with coworkers and clients. She recalled a memory while working with a specific patient in a neurorehabilitation setting:

"So, everybody called me Waco, so I was saying to him, you know, "Say Waco is beautiful" cause he had no speech. "Say Waco is beautiful" and all of the sudden this real odd, voice came out of him and he goes "Waco is stupid" [using a slow and deep tone] [laughing] and it just brought the house down, it was like his first sentence."

Theme Two

Catherine approached practice utilizing a therapeutic use of self that was reflected within her relationships with patients and other healthcare professionals.

"...three times a day for months on end you get really close with the patients. And so, when we talk about establishing those relationships with you students that's what we are talking about. It's those things that makes our lives so rich and you know you're thinking about them whether or not you want to or not."

Regardless of what was happening in her own life, she continued to think about her patients and what she could do for them. She was authentically herself and this was reflected in her practice.

"I did a lot of thinking about what am I going to do tomorrow, what am I going to do today?"

Assertion

This information assisted the researchers in creating a final assertion for Catherine's life history: Catherine feels that OT becomes a lifestyle in which education, life-long learning, and multidisciplinary client-centered practice are keys to success. OT is easily integrated into all aspects of life. Ultimately, Catherine is passionate about the field and has used OT as an avenue to help others all throughout her career. Catherine values working with others and has enjoyed her time practicing in the state of Wyoming.

Discussion

Catherine began her OT career in 1978, and from then on used OT to guide her through life. Throughout Catherine's educational career there were numerous political events that impacted her both, personally and professionally. Catherine viewed OT as an avenue to helping others. She was extremely passionate about the profession and has an altruistic attitude towards care. Regardless of what was happening in her life, she put forth effort into her practice and spent time thinking about her patients.

“I did a lot of thinking about what am I going to do tomorrow, what am I going to do today?”

Catherine approached practice utilizing a therapeutic use of self that was reflected within her relationships with patients and other healthcare professionals. Catherine feels that working collaboratively with other healthcare professionals is valuable.

“And that was one of the most meaningful times working with other disciplines too.”

Catherine valued her relationships with her patients and believes that to develop rapport you cannot put walls up between the therapist and the person. Activity analysis is a central part to practice in order to discover activities that patient actually wants to do.

During her practice, she experienced several barriers related to living in a rural state that impacted her practice. Catherine identified several barriers that exist within rural practice areas. She described expenses, resources, and accessibility as barriers that impact practice when working in a rural area. Nevertheless, she continued to pursue her passion for OT and continued to evolve as a practitioner. Catherine made an effort to attend continuing education. She believed that continuing education was an avenue for keeping up to date with practice and the latest findings within OT practice. Catherine considers herself to be a lifelong learner and hopes that

with the transition to a doctorate degree, practitioners will become more skilled in specific areas of practice.

This life history gave insight into how OT practice in North Dakota and Wyoming has developed over time. Catherine has enjoyed practicing in Wyoming, however practice difficulties occurred while living in the rural Northwest region. Travel to and from treatment sessions could be time consuming and difficult, especially during the winter months. Continuing education was vast and Catherine often had to travel long distances to attend sessions. In addition to these impediments, Catherine also experienced various political events that had a lasting impact on her practice when she began to pursue her OT career. Catherine is passionate about the field and has used OT as an avenue to help others all throughout her career. Catherine considers herself to be a life-long learner and has taken numerous continuing education credits. She hopes that as the field advances, OTs will have more opportunity to specialize in specific practice areas. Catherine values working with others and has enjoyed her time practicing in the state of Wyoming.

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Appendix

The Evolution of Occupational Therapy Practice: Life History of Catherine Bailey		
Researchers: Ashley Cambronne, MOTS & Rachel Fritzier, MOTS		
Participant: Catherine Bailey		
Education	Profession	Personal Characteristics
<ul style="list-style-type: none"> - Vietnam War - Richard Nixon - Revolutionary state - High School Graduation - Stereotype - Continuing education - College graduation - Doctorate Degree - Life-long learner - Affordability 	<ul style="list-style-type: none"> - Master's Degree - Role of teacher - Productivity - Financials - Medical Model - Activity Analysis - Activity Analysis - Client Centered - Occupation - Rural Practice - Multidisciplinary - Technology - Advocate 	<ul style="list-style-type: none"> - Characteristics - Altruism - Attachment to patient - Professional Identity - Interpersonal Communication - Therapeutic use of self - Personal life
<p>Themes</p> <ol style="list-style-type: none"> 1. <i>Education</i> <ol style="list-style-type: none"> a. Throughout Catherine's educational career there were numerous political events that impacted her personally and professionally. b. Catherine made an effort to attend continuing education. She believed that continuing education was an avenue for keeping up to date with practice and the latest findings within OT practice. c. Catherine hopes that with the transition to a doctorate degree, practitioners will become more skilled in specific areas of practice. 2. <i>Profession</i> <ol style="list-style-type: none"> d. Catherine feels that working collaboratively with other healthcare professionals is valuable. e. Catherine believes that to develop rapport you cannot put walls up between the therapist and the person. Activity analysis is a central part to practice in order to discover activities that patient actually wants to do. f. Catherine identified several barriers that exist within rural practice areas. She described expenses, resources, and accessibility as barriers that impact practice when working in a rural area. 3. <i>Personal Characteristics</i> <ol style="list-style-type: none"> g. Catherine viewed OT as an avenue to helping others. She was extremely passionate about the profession and has an altruistic attitude towards care. h. Catherine approached practice utilizing a therapeutic use of self that was reflected within her relationships with patients and other healthcare professionals. 		
<p>Assertion: Catherine feels that OT becomes a lifestyle in which education, life-long learning, and multidisciplinary client-centered practice are keys to success. OT is easily integrated into all aspects of life.</p>		